



City of

Norfolk
NEBRASKA

right at home.

309 N 5th Street
Norfolk, NE 68701
P402-844-2010 F402-844-2001
www.ci.norfolk.ne.us

Lyle Lutt
Administrative Services Director

llutt@norfolkne.gov

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
Last Name First Middle Date of Birth

Current Address Social Security #

Address of Residence During Past 10 Years:

Period of Time Lived There

	<u>City</u>	<u>County</u>	<u>State</u>	<u>From</u>	<u>To</u>
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____

I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself to any duly authorized agent of the Department of Public Safety, Fire Division, or any agency assisting them, whether the said records are public or private, and including those which may be deemed to be a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resource material.

I authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions; commercial or retail mercantile establishments and retail credit agencies; results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me and including but not limited to the records and recollections of attorneys at law, or other counsel representing or having represented me, and any records of any type whatsoever which concern any criminal charges involving me.

I further authorize the release of information concerning all of the above mentioned areas, or any other information which has a bearing on my fitness or ability to become an employee of the Fire Division, even though such information is not contained in written records and regardless of whether such information is considered privileged or confidential in nature.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Witness

Applicant's Signature

Address

Date

Applicant's Driver's License No.

City of Norfolk Fire Division
Physical Ability Test for (Fire Department) Release of Liability

309 N 5th Street
(402) 844-2010
www.norfolkne.gov

Applicant Last Name _____

Applicant First Name/Middle Initial _____

Social Security Number _____

I, _____, realize and agree that when taking the ability test, I will not be an agent, servant or employee of the City of Norfolk or the Norfolk Fire Division and therefore will not be covered by any worker's compensation, death, or disability benefits of the City of Norfolk.

By signing this waiver I, _____, do hereby release and forever discharge the City of Norfolk, the Norfolk Fire Division, and its elected officials, officers, and employees, in both their public and private capacities, from any and all liability, claims, suits, demands or causes of action which may arise from my taking the agility test for the Division and any other physical capacity testing. **This waiver is intended to cover all acts or omissions of the City of Norfolk, the Norfolk Fire Division, and its elected officials, officers, and employees, regardless of whether such act or omission is the result of an intentional, reckless, grossly negligent, or negligent act. By signing this waiver, it is my intent to bind my heirs, executors, administrators and assigns.** I understand the terms of this release are contractual and not a mere recital. Before signing this release, I read it fully and hereby acknowledge that I understand it. I have signed this document of my own free will.

Applicant's Signature

Date

Witness to Signature

Date